Non-pharmacological Treatment for Smokers with Mood Disorders (Part 2)

Motivational Interviewing

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MOTIVATIONAL INTERVIEWING AS AN APPROACH TO TOBACCO CESSATION FOR CLIENTS WITH DEPRESSION

What is Motivational Interviewing?

Motivational Interviewing (MI) is a person-centered counselling style which aims to address the problem of ambivalence about change. [2] More specifically it is a style of communication that is both collaborative and goal oriented, with a focus on the language of change. [3, 4] MI aims to enhance the health care practitioner's ability to help a client achieve their goals by connecting with each client in a way that is compassionate, empathetic and respectful of their choices and autonomy. [5] Rather than more structured approaches to treatment, MI uses a "guiding" principle, which explores the client's reasons for behaviour change, and uses this desire to strengthen their motivation and commitment to change. Through this philosophy, clients and practitioners work collaboratively to establish goals and develop a treatment plan. [3, 4]

There is strong evidence to support the use of MI for treatment of addictions and mental health problems, including success for smokers with co-occurring depression. [2, 4] A recent meta-analysis found that clients who received MI were 1.55 times more likely to improve upon a range of behaviour and medical outcomes (including smoking and depression), than those who did not receive MI. [2] This study also found that clients with mood or anxiety disorders, who were treated using MI, showed greater improvement in behaviour change compared to control groups with mood disorders. [2]

In this resource we will review the MI approach and identify how you can apply MI skills when treating tobacco use among clients with mood-related disorders.

Key features of this resource:

PRINCIPLES OF MOTIVATIONAL INTERVIEWING

Spirit of Motivational Interviewing

When working with clients who use tobacco and experience depressive symptoms it is helpful to express empathy. Research has shown that although all well-developed evidence based therapies are, for the most part, equally successful, therapies that incorporate empathy are more effective than those that do not. [3] Incorporating **the spirit of MI** in practice will ensure you are promoting a cooperative relationship with your clients. [4] There are four main principles the MI spirit focuses on:

Compassion: putting the needs of each client first while considering his/her best interests. [6]

Acceptance: acknowledging that each of your clients has something to offer and bring to therapy. [6] There are four principles of acceptance:

- *Absolute worth:* appreciating that every client deserves to be treated with respect and dignity.[6]
- *Accurate empathy:* understanding what your client is going through and experiencing from his/her point of view. [6]
- *Autonomy:* accepting that each client plays a major role in his/her treatment plan and, as a result, provide each client with the independence he/she needs to make a change. [6]
- *Affirmation:* placing a high importance on the strengths and efforts that each client possesses. [6]

Partnership: working with each client in a collaborative manner to ensure the most effective treatment is being received, and their needs are being met during the process. [6]

Evocation: encouraging the client to use their skills and strengths to make a behavior change. [6]

Processes of Motivational Interviewing

In the following section, we will outline the four processes of MI. While each of these processes builds on the previous one, they are not meant to be followed in a linear process. Therefore, you may find it helpful to move back to previous processes should the client's readiness change. [5]

Engaging: Client engagement is an essential component of the clinical relationship, as 30% of a client's ability to change behaviour is associated with the quality of the relationship with their healthcare provider. [7] Therefore it is important to focus on this foundational relationship to work with the client to increase the likelihood of their active participation in treatment.

Focusing: The relationship between client and health care practitioner is seen as a partnership, meaning they work together to determine what behaviour changes to focus on. [5] Focusing is helpful to assist the client in identifying the various issues they face, and prioritizing what to work on and when. While the health care practitioner can provide their feedback and recommendations on a direction for treatment, it is the client who ultimately decides what goals they want to work towards in treatment. [5] Focusing is not a finite stage - clinicians should monitor progress as these goals may need refocusing as situations evolve or change over time.[5]

Evoking: After the client has set goals to change a behaviour, the practitioner can use a strengths-based approach to elicit the client's strengths and skills, and help develop strategies for change. [5]

Planning: When the client is ready to commit to a behaviour change, the practitioner and client can work together to design a treatment plan which outlines the steps they will take to change their behaviour. This plan includes goals and timelines that are specific, realistic and attainable (i.e. SMART goals). [5]

Remember, setting goals that are specific and realistic will help the client put their plan into action. **For example** "*I will quit smoking by my daughter's birthday*" is much more goal focused than "*I will quit smoking one day*."

Implementing Motivational Interviewing using OARS

There are 4 key skills that healthcare providers can use to help apply MI in treatment. These skills can be remembered with the mnemonic OARS and include:

Open ended questions: One advantage of using open-ended questions is that they provide the client with an opportunity to elaborate on their responses more effectively than closed ended questions. In MI, the goal is to have the client speak more than the practitioner in order to express their thoughts, feelings, preferences, and goals. [5]

- **For example:** instead of asking a client *"Did you have any triggers in the last week?"* you can ask "*Tell me about any triggers that may have led to cravings in the last week?*"

Affirmations: Acknowledge the efforts that a client has made towards their change plan and bring attention to the client's abilities. Affirmations are more genuine and candid than simply praising and focus on identifying a client's strengths and attempts. [5]

- **For example:** "*You have worked hard at making sure you participated in at least one pleasant and healthy activity every day."*

Reflections: Reflections are divided into two types:

- **Simple reflections** echo, repeat back or summarize exactly what the client has said. [5]
    - **Example of a simple reflection**: Client says, "*There is so much going on right now and I'm not sure I can focus on quitting smoking.*" Simple reflection: "*Right now you don't feel it is good time to quit smoking.*"

- **Complex reflections** address the feelings, intentions, values or experiences that are captured by the client's statement. Complex reflections create a more extensive response from a client because they allow you to discuss the meaning behind the words. [5]
    - **Example of a complex reflection**: "*You are feeling overwhelmed and are not sure how you will fit in quitting smoking.*"

Summaries: Involves the practitioner reviewing what has been discussed, and summarizing the main points, communicating an understanding of what the client is saying. [5] Summaries provide an opportunity to seek clarification or elaborate on specific points, or change the direction of the conversation. [5] This allows the practitioner to acknowledge the client's situation, while also providing affirmations and focusing on any change the client has made. [5] Summaries are a great tool to ensure that your client feels heard and respected. [5]

Evoking Change Talk

Practitioners should look for opportunities to evoke change talk from clients and reinforce the change talk in what they reflect to the client. Change talk is divided into two categories, preparatory change talk and commitment language. These two categories are further divided into seven categories of client change talk, which are represented by the mnemonic **DARN CAT.** [5]

Preparatory change talk **(DARN)** describes the way clients communicate when they are in the early stages of making a behaviour change. [5]

- **D**esire to change – "*I want to quit smoking.*"
- **A**bility to change – "*I believe I can quit smoking.*"
- **R**easons for change – "*I want to quit smoking because I want to be able to play with my children.*"
- **N**eed to change – "*My health condition will worsen if I do not quit smoking.*"

Commitment language **(CAT)** describes the way clients communicate when they are more committed to this behaviour change; this may include specific plans and strategies to quit. [5]

- **C**ommitment – "*I want to quit smoking by the new year.*"
- **A**ctivation – "*I have made an appointment with my doctor to get supports to help me quit smoking.*"
- **T**aking steps towards change – "*I bought some NRT gum to help me quit smoking.*"

Offering Information

While MI is more of a guiding approach which encourages the clients to make decisions; clinicians can still give advice when needed. [5] The biggest challenge in giving advice is ensuring that the client feels both empowered and included in all aspects of their treatment. Before giving advice, elicit from the client what they already know and think about a situation. Then ask for permission to fill in any gaps in knowledge of information. Finally, finish by asking the client what they think about what you have offered. [5]

Helpful Tip: *Avoiding the Righting Reflex!*

Avoid the urge to automatically **"fix"** your client's problem through providing unsolicited recommendations and information (i.e. the "righting reflex"). Instead, remember the skills we discussed above and focus on the use of OARS and change talk to provide advice. [5]

APPLYING MOTIVATIONAL INTERVIEWING TO SMOKERS WITH DEPRESSION

Working with Ambivalence

As healthcare practitioners, it is common to encounter clients who are ambivalent about change, even when they have chosen to access treatment. [8] Clients with concurrent disorders, such as depression and tobacco use, may also be hesitant to discuss all of the issues together, since they may see each issue as separate. [4] MI starts with the assumption that some ambivalence about behaviour change is normal, and an essential element of the MI process is being aware of this ambivalence, and helping clients overcome it. [5, 4] This section provides some strategies that can be referred to when working with ambivalence. [6]

Relevance: Elicit from your client what they view as motivators for quitting smoking to make the quit attempt more meaningful and relevant to them. [6]

Risks: Encourage your client to identify the risks and consequences that can arise with continued smoking. [6]

Rewards: Encourage your client to identify the benefits and rewards that are associated with quitting smoking. [6]

Roadblocks: Encourage your clients to come up with solutions to current and/or potential barriers that may prevent them from successfully quitting smoking. [6]

Repetition: Remember, when working with clients presenting depressive symptoms, it may take time to overcome ambivalence; continue to repeat these steps as often needed. [6]

Working with Complex Clients

It is common for individuals making a quit attempt to experience low mood and withdrawal symptoms that are similar to depressive symptoms. These changes in mood can take place up to six months after quitting smoking, and can make it harder to stay quit. [9] Individuals with concurrent disorders (including depression) may experience increased difficulty in quitting because they present with multiple problems at once, which can exacerbate depressive symptoms.[10, 11] Below, we discuss some general skills and tips for adapting MI when working with complex clients.

The Angry Client

Clients presenting depressive symptoms, who are also making a quit attempt, are more likely to experience mood changes after going through nicotine withdrawal; therefore you may encounter clients who become angry or irritated during your session. [1] Try incorporating the following skills when working with such clients: [9]

Key skills:

- Reflective statements
- Supporting self-efficacy
- Open ended questions
- Expressing empathy

Tips:

- Be aware of how you present yourself (your body language and affect)
- If the client challenges your recommendations or advice avoid getting defensive and refrain from justifying your decision.
- Instead explore the client's concerns and elicit their ideas or apologize for miscommunication and clarify your intentions to promote adaptive behaviors.

The Overwhelmed Client

It is common for clients to feel overwhelmed when making a quit attempt, which can lead to feelings of depression and anxiety. These feelings may be exacerbated in clients with a history of mood disorders. Consider these skills when adapting MI for overwhelmed clients: [9]

Key Skills:

- Reflections
- Affirmations
- Supporting self-efficacy

Tips:

- Acknowledge tears or other expressions of emotions
- Stay in the emotional moment
- Adopt a neutral affect
- Choose tones that resonate with the patient's emotions
- Evocative questions help clients continue to explore their emotions

The Disengaged Client

Clients presenting with mood disorders may be experiencing a number of internal and external struggles, which may make it difficult for them to engage in the present conversation. [9] While this may be difficult, given limited time with clients, it is important to keep the following skills in mind when encountering disengaged clients:

Key Skills: [9]

- Acknowledge autonomy
- Reflections
- Affirmations

Tips: [9]

- Respect your client's autonomy if they do not want to engage at the present time, and negotiate an alternative time.
- Be empathetic towards the client and understand why it may be difficult for them to engage at this time.
- Ask permission to discuss at a future appointment.

The Non-adherent Client

As mentioned above, clients who experience mental health problems may display increased ambivalence to make a change. [9] When working with clients who seem to be ambivalent about treatment, keep the following skills in mind:

Key Skills: [9]

- Explore ambivalence and beliefs,
- Develop discrepancies:
  - How does the behavior your client is currently engaging in contradict their values, beliefs and future goals?
  - Respond to discord (discord is about the relationship between clinician and client)

Tips: [9]

- Avoid the word '*why*' but instead structure questions as such: "*what makes it difficult for you to…?*"or "*what leads you to…?*"

ADAPTING MOTIVATIONAL INTERVIEWING SKILLS FOR BRIEF INTERVENTIONS

When working within a clinical environment, practitioners are often met with multiple priorities and have limited time to counsel patients. [12] Brief interventions are an effective approach to deliver treatment for substance use, including tobacco, by optimizing the time spent engaging with a client. [12] The principles of MI are very similar to those of brief interventions. [13] For instance, discussions during brief interventions must be: [13]

- Patient-centred
- Empathetic with no judgement
- Direct and goal oriented

While brief interventions are helpful for allowing practitioners to discuss tobacco use within a single visit, they do present some challenges associated with:

- Having a shorter period of time for the practitioner to develop a meaningful relationship with the client, [13]
- The practitioner having less knowledge about different aspects of client's history (biological, psychological and social history), [13]
- The possibility of the practitioner and client being distracted easily. [13]

When employing brief interventions, applying the MI process can be tailored to fit the treatment. Using MI with brief interventions will primarily centre around:

- Providing feedback that is both tailored and relevant to the client and the issue, [13]
- Assisting the client understanding how a particular behaviour can be problematic, [13]
- Scheduling an appointment to follow-up with the client to further address that behavior, [13]
- Establishing goals that the client can realistically achieve, [13]
- With granted permission from the client, providing discrete options including referrals. [13]

Remember: Engaging in a successful brief intervention can be difficult. It is imperative to establish reasonable expectations that and can be accomplished within one session (5 to 60 minutes). [13]

Keep the following in mind to help you conduct a successful brief intervention:

- Generate realistic goals that are tailored to each session; pay attention to ambivalence and the client's emotional state. [13]
- When working with clients who are ambivalent about change; begin by trying to get the client to actively think about their problematic behaviour**.** [13]
- Brief interventions can still be collaborative and supportive; be mindful and avoid using scare tactics to drive clients toward behaviour change. [13]

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